The Village Care Home (South Hylton) Limited

The Village Care Home

Inspection report

Hylton Bank
South Hylton
Sunderland
Tyne and Wear
SR4 0LL

Tel: 01915342676

Date of inspection visit:
29 March 2016

Date of publication:
17 May 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

The inspection took place on 29 March 2016 and was unannounced. The last inspection was carried out on 16 December 2013. At that time the registered provider met the regulations we inspected against.

The Village Care Home provides residential care for up to 40 adults. At the time of our inspection there were 38 people living at the home.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we found the registered provider had breached regulations 17 and 18 of the Health and Social Care Act 2008. Due to a lack of management oversight staff had not received regular one to one supervision with their line manager and some essential training was overdue for all staff. The registered provider did not have an appraisal system to support the development and performance of each staff member. Care plan audits were overdue and medicines audits were infrequent and ineffective in ensuring the safe management of medicines. Feedback from consultation with people and family members was not collated and analysed to ensure negative feedback was investigated. Opportunities for people or family members to give their views had lapsed. Actions identified following external quality audits had not been fully implemented to help keep people safe.

You can see what action we told the provider to take at the back of the full version of the report.

People gave us positive feedback about the care they received at the home. One person described the home as "first class".

People told us they were treated with dignity and respect by kind and caring staff who knew them well. One person commented, "Number one they take notice of you." Another person said, "They [staff] treat us right." A third person told us, "Staff are definitely respectful."

People said they felt safe living at the home. One person said, "Safe, oh yes. They are very, very careful." Another person commented, "Safe enough, yes."

Medicines administration records and records for the receipt and disposal of medicines had been completed accurately. The date of opening had not been recorded on a small number of medicines and the temperature of the treatment room and medicines fridge were not recorded.

Staff had a good understanding of safeguarding adults and the registered provider's whistle blowing procedure. Staff said concerns would be dealt with correctly. One staff member said, "[Registered manager]

would deal with concerns straightaway." Safeguarding concerns had been dealt with appropriately.

There were enough staff to meet people's needs in a timely manner. The registered provider followed effective recruitment and selection procedures including requesting and receiving references and carrying out Disclosure and Barring Service (DBS) checks before new staff started their employment.

The registered provider had procedures in place to deal with emergency situations. Health and safety checks had been carried out to help keep the premises safe, including checks of fire safety, emergency lighting and specialist moving and assisting equipment. The registered provider was unable to produce evidence of a current and satisfactory five year electrical installation safety certificate.

The registered provider was acting in accordance with the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations were in place for people who needed support at all times or supervision to go out. Staff showed a good understanding of how to support who lacked capacity to make decisions and choices. Staff sought consent from people before providing care and support.

People were supported to have enough to eat and drink. They gave us positive feedback about the meals provided at the home. One person told us, "The food is very good."

Further improvements were required to the care and support of people living with dementia, such as ensuring the environment was dementia friendly, the provision of meaningful activity for people living with dementia and updating dementia awareness training. We have made a recommendation about this.

People had their needs assessed and the information was used to develop personalised care plans. Staff had gathered background information about each person they cared for including details of people's preferences. Care plans had been updated as people's needs changed.

Activities were provided for people to take part in. However, this was inconsistent and mainly when the activity co-ordinator was working. During our inspection we saw little evidence of organised activities taking place.

People did not raise any concerns with us about the care they received. People were provided with information about how to complain.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Systems were not in place to ensure medicines were stored correctly. We were unable to check the home's electrical installation was safe as the safety certificate was not available for us to view.

Staff had a good understanding of safeguarding and whistle blowing including how to report concerns.

There were enough staff deployed in the home to meet people's needs. The registered provider had followed effective recruitment procedures.

Is the service effective?

Requires Improvement

The service was not always effective. Staff had not received regular supervision or appraisal and had also not completed some essential training.

The care of people living with dementia required further development.

The registered provider followed the requirements of the Mental Capacity Act (MCA) including the deprivation of liberty safeguards (DoLS).

People were supported to meet their nutritional needs and to access the health care they required.

Is the service caring?

Good

The service was caring. People were happy with the care they received at the home.

People said the staff providing their care were kind and caring.

People were treated with dignity and respect and supported to maintain their independence as much as possible.

Is the service responsive?

Good

The service was responsive. People's needs had been assessed

and details of their preferences recorded.

Up to date personalised care plans had been written for each person.

The availability of activities was inconsistent and dependent on when the part-time activity co-ordinator was working.

People did not raise any concerns with us and knew how to make a complaint if they were unhappy.

Is the service well-led?

Inadequate

The service was not well led. The registered provider lacked a structured and effective approach to quality assurance.

Feedback from consultation was not analysed and the findings acted on. Residents' meetings and staff meetings were not held regularly.

The actions from external quality audits had not been fully implemented in a timely manner.

The Village Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 March 2016 and was unannounced.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We spoke with 11 people who used the service. We also spoke with the registered manager, a senior care worker and three members of care staff. We observed how staff interacted with people and looked at a range of records which included care records for four of the 38 people who used the service, medicines records for 38 people and recruitment records for five staff.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

Requires Improvement

Is the service safe?

Our findings

People received their medicines from trained staff whose competency had been assessed by the registered manager. Medicines administration records we viewed were completed accurately to confirm the medicines staff had given to people. Staff also kept accurate records of the receipt and disposal of medicines. We found medicines were stored securely in a locked treatment room. However, we found the safety of some medicines could not be guaranteed. Staff usually recorded the date when medicines were opened to help ensure they were appropriate to give to people. We found a small number of open bottles of medicine in the medicines trolley with no date of opening recorded. We also found staff did not monitor the temperature of the treatment or the fridge used for storing medicines. A senior staff member told us they did not know where the thermometer was or that medicines were stored correctly.

People told us they felt safe living at the home. One person said, "Safe, oh yes. They are very, very careful." Another person commented, "Safe enough, yes." A third person commented, "Safe, yes there are plenty of people coming and going." Staff confirmed they felt people were safe, One staff member commented, "Safe yes, there are alarms on the doors. We know people, we watch them all of the time." Another staff member said, "People are monitored throughout the day and night."

Staff had a good understanding of safeguarding adults. They knew how to recognise the signs of abuse and the action required to report concerns. For example, changes in mood, not eating or drinking and unexplained marks or bruising. Staff said they would report any concerns to the registered manager straightaway. We viewed the registered provider's safeguarding log. This confirmed the three safeguarding concerns received at the home had been logged and investigated in line with the registered provider's safeguarding procedure.

Staff knew about and understood the registered provider's whistle-blowing procedure. Staff we spoke with said they had never needed to use the procedure whilst working at the home. They also told us they felt concerns would be dealt with correctly. One staff member said, "[Registered manager] would deal with concerns straightaway." Another staff member said, "It would be dealt with the way it should be. Staff would raise concerns."

There were enough staff to meet people's needs in a timely manner. One person said, "There are plenty of staff. You can see them moving about all the time doing what they can." Another person told us, "As far as I am concerned there are plenty of staff. I have never found any problem." A third person commented staffing levels were "quite sufficient". A fourth person said, "Staff are there if you need them. They are worth their money." All of the staff we spoke with confirmed they felt there were enough staff deployed to meet people's needs. We observed throughout the day of our inspection that staff were visible around the home.

The registered provider followed effective recruitment and selection procedures to check prospective new staff were suitable to care for vulnerable people. We viewed the recruitment records for five staff members who had been recently recruited. The registered provider had requested and received references, including one from their most recent employment. Disclosure and Barring Service (DBS) checks had been carried out

before confirming staff appointments. This was to confirm
whether prospective new staff members had criminal records and were barred from working with vulnerable people.

People were happy with the environment in the home. One person commented, "It is a nice, clean place." Another person said, "It's nice and cosy." We observed the home was clean and tidy.

The registered provider carried out health and safety checks to help keep the premises safe for people to use. Most of these checks were up to date at the time of the inspection, such as checks of fire safety, emergency lighting and specialist moving and assisting equipment. However, the registered provider was unable to produce evidence the electrical installation in the home was safe. The registered manager told us they couldn't find the electrical five year safety certificate but it was "probably over six years old". An up to date fire risk assessment was in place and the Fire Service were due to inspect the home in April 2016.

The registered provider had specific procedures to deal with emergency situations. We viewed the 'Business Continuity Plan' for the home. This provided guidance about the emergency evacuation procedures in place to deal with an emergency situation, such as a power failure, loss of accommodation or a gas leak.

Requires Improvement

Is the service effective?

Our findings

Staff had not received some of the training they needed to carry out their role effectively and safely. We viewed training records and found staff training was not up to date for some training the registered provider identified as essential for all staff. For example, safeguarding, moving and assisting and infection control training were overdue for all staff. Some staff had also not completed nutrition, Mental Capacity Act and dementia awareness training.

Staff did not have regular opportunities to have one to one supervisions or appraisals with their line manager. Supervisions and appraisals are important to ensure staff have structured opportunities to discuss their training and development needs with their manager. The registered manager told us supervision should be "every six weeks". We found from viewing supervision records that this expectation had not been met. For example, some staff had not had a one to one supervision since 2014. The registered manager told us supervisions were in the process of being updated. Nine out of 38 staff had received a recent one to one supervision in March 2016. The registered provider did not have an appraisal system. The registered manager told us, "We haven't started doing appraisals yet."

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although supervisions and appraisals had not been carried out in line with the registered provider's expectations, staff said they were well supported. One staff member said, "I am very well supported." Another staff member, "I can go to them with anything really, work related or personal." A third staff member said, "The senior carers are so approachable, so is [registered manager]."

People told us they received their care from staff who knew what they were doing. One person said, "Staff know how to do things." Another person commented, "Oh yes, staff know what they are doing." A third person told us, "They appear to be well trained." A fourth person said, "The staff are well trained, they do very well."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People had been assessed in line with

the MCA to determine whether a DoLS authorisation was required. Applications had been submitted to the local authority for all relevant people and authorisations had been granted accordingly. Staff showed a good understanding of how to apply the requirements of MCA, particularly when supporting people with decision making. One staff member said, "We hopefully make the right decisions based on what we know about them. Care plans give information about what people used to like. We read the care plans and talk to families. [Person] uses pictures."

People were asked for their permission before receiving any care or support. One person said, "I don't participate in anything, that is my choice. They don't boss you about, they are helpful. They don't pester you but look after you. You don't want to be over-pestered do you?" Another person told us, "You get what you want." A third person commented, "It is up to you [what you do]." Staff confirmed they would always ask people for consent before providing care. One staff member said, "We ask them for consent, we ask them what they want to wear."

Staff had a good knowledge of the individual strategies required to support people when they displayed behaviours that challenged others. They gave examples of the strategies they used, such as speaking with a soft, friendly voice for one person or using specific distraction techniques for another person.

People were supported to meet their nutritional needs. One person told us, "The food is very good." Another person said, "The food is okay. It is adequate and plentiful." A third person commented, "They [staff] come in with the book to see if you fancy this or that." A fourth person told us, "You get nice meals, if people say you don't they must be hard to please. You get a nice tea." We observed a staff member going around the home supporting people to make their meal choices for the day. We heard one person comment, "I like them both." The staff member responded, "Well you can have both."

People had access to health care services when required. We observed health professionals visiting the home during our inspection. Care records showed people had regular input from a range of health care professionals. For example, one person who was experiencing swallowing difficulties had been assessed by a speech and language therapist. Other people had been referred to a dietitian due to issues with weight loss.

Further improvements were required to the care and support of people living with dementia. The registered provider had a specific dementia strategy for the home dated January 2014. This contained some actions to improve the care for people living with dementia, particularly around training. For example, meaningful activities training for the activity co-ordinator and level two dementia awareness for all staff. However, we found there had been little progress made towards these actions as not all staff had completed this training. Meaningful engagement and stimulation for people living with dementia was not evident during the day of our inspection. The activity co-ordinator was not at work on the day of our inspection. Throughout our inspection we observed people sat in communal lounge areas with no activities on-going. The registered manager told us they were starting to do activities, such as reminiscence. The dementia strategy did not consider other important aspects of dementia care, such as creating a dementia friendly environment. The registered manager told us they had completed training around dementia friendly environments, such as different coloured doors but this was not planned yet.

We recommend the service considers current guidance on caring for people living with dementia and takes action to update their practice accordingly.

Good

Is the service caring?

Our findings

People gave us positive feedback about the care they received at the Village Care Home. One person described the home as "first class". Another person said, "It's nice, I like it. It is not lonely."

People were cared for by kind and caring staff who listened to their views. One person commented, "Number one they take notice of you." One person said, "They are pleasant, they do jobs for you. If you ask for something they try and do it for you." Another person described the staff as "very nice" and "very helpful". They went to say, "I can't find any fault with them." A third person told us, "The girls are all very nice."

We observed there were warm and friendly relationships between people and staff members. One person commented, "She is my lovely lass that one, nothing is a bother for her. Oh they are nice girls. If you are in your room they come in with a cup of tea and a bit chat. It is better than sitting on your own in the house." Another person said, "I like to see them [staff]." Staff said they tried to give people one to one time. One staff member said, "We sit with them and chat." Another staff member said, "After dinner we sit with books and chat or put a film on." We observed a staff member spending one to one time with people chatting about family, friends and the local village.

The registered provider aimed to promote people's choices and preferences. For example, one person liked to sit on the stairs near the entrance to the home to watch visitors coming and going. In order to meet the person's preference and maintain their safety the registered provider had provided the person with a specific chair in the hallway for them to sit safely and comfortably. We saw the person sitting on their chair. They commented, "They brought a special chair for me. I sit on there every day." Another person said, "If you wanted a cup of milk you would get it." A third person said, "I want for nothing. You get meals, you get company."

People were treated with dignity and respect. One person said, "They [staff] treat us right." Another person told us, "Staff are definitely respectful." A third person commented, "Nobody is better than anybody else. I can't think of anyone who is nasty." Staff described the approach they used to promote dignity and respect when caring for people. One staff member said, "We talk to them, make them feel comfortable. It is mainly through talking to them and explaining what you are going to be doing."

Staff understood the importance of supporting people to be as independent as possible. One staff member commented, "We let people do as much as they can for themselves." Another staff member said, "We have to promote independence not take it away."

We saw information about independent advocacy services was displayed prominently on a communal notice board. The service user guide which is given to all people when they were admitted into the home also contained information about advocacy and independent advice.

Good

Is the service responsive?

Our findings

The registered provider gathered information about each person using the service. This provided staff with background information to help them understand people's needs. For example, details of people's next of kin, GP, medical history and their preferred name. People's needs were assessed both before and after they were admitted to the home. This considered the person's needs across a range of areas, such as communication, mobilising, eating and drinking and personal care. Any preferences the person had were recorded in the assessment. For instance, people's preferences included socialising, watching TV soaps and line dancing. A social assessment included a more detailed life history for each person with information about special anniversaries, war-time experiences, family friends, pets and hobbies.

The information gathered during the initial assessment was used to develop personalised care plans. These detailed the support the person required. Care plans identified goals for people to work towards, such as 'to maintain a smart appearance' and 'to maintain independence'. Care plans we viewed had been updated to reflect people's current needs. For instance, one person's mobility had decreased and they now needed two staff to support them when transferring from their wheelchair. We saw the person's care plan had been updated to take account of their increased care needs. Records confirmed care plans were reviewed every month.

There were opportunities for people to take part in activities if they wanted to. However, some people said they felt there could be more to do. One person said, "We had a sing song on last night. There is not that much on." Another person commented, "We had a sing song last night. I enjoyed it, it was champion. We have some days when there is not a lot going on." A third person told us, "There is nothing going on just TV." A fourth person said, "There is a terrific amount to do in the home." A fifth person commented, "It is alright. We do nice things, dancing, singing and things." Staff gave us examples of activities that were available, such as chair exercises and movie nights." One staff member said, "There is always something to do."

People we spoke with did not raise any concerns about the care received at the home. One person commented, "Personally, I haven't any complaints." Another person said, "I have no complaints at all." Information about how to complain was displayed on a communal notice board and in the service user guide. There had been no formal complaints received about the home.

Inadequate

Is the service well-led?

Our findings

We found that due to a lack of leadership and management oversight within the home important aspects of service delivery had lapsed. For example, staff supervisions and training were overdue and an appraisal system was not in place. We also found no evidence to confirm the electrical installation in the home was safe as the current certificate was unavailable and had already expired. We found there was a lack of structured monitoring within the home to ensure people were safe and received appropriate care. For example, an external clinical audit of the home carried out in October 2015 found the 'falls analysis' lacked detail about when falls were happening. We viewed the information collected about falls in the home which consisted of basic information recorded on the back of an envelope.

The registered provider lacked a robust system of medicines audits to ensure people received their medicines safely. Although there was a system in place of an individual 'audit of service user medication records', we found these had not been completed consistently. For example, one person's medicines records had been checked on 5 February 2016, but prior to this there had been no other checks carried out since 2013. A more in-depth 'audit of medicines systems and processes' was completed in January 2016. This had identified that the safe storage of medicines could not be assured. This was because there was 'no fridge thermometer' to check that medicines were stored in the fridge at the correct temperature. We found that at the time of our inspection a thermometer had still not been acquired for the fridge in the treatment room. The current system of medicines audits had also not identified the temperature of the treatment room was not being checked and there were inconsistencies in staff recording when medicines were opened.

Audits of people's care plans to check they were accurate and complete had lapsed. The registered manager told us the owner carried out care plan audits. The registered manager said, "[Owner] is behind on those." The registered manager told us the audits had been done up until December 2015. The registered provider carried out regular visits to check on the quality of people's care. Although these had been carried out consistently they had not been successful in identifying the concerns we found during our inspection.

Structured opportunities were not in place for staff or people using the service to give their views about the care provided at the home. We viewed the minutes from previous residents' meetings. We found the last recorded minutes were dated 16 April 2015. There was no record of any further meetings after this date. The registered manager told us there had been more recent meetings but the minutes hadn't been typed up yet. The notes from these meetings weren't available to us to view on the day of our inspection. Regular staff meetings were not taking place. The registered manager told us a monthly memo was used to update staff on relevant information about the home. However, these memos were infrequent as the most recent memo available to view was dated June 2015.

The registered provider was not pro-active in collating the information from quality surveys to identify trends and patterns and investigate concerns. The registered provider last consulted with people using the service in 2015. Three out of 15 people had responded 'no' about having a choice of when to have a bath. We found no evidence during our inspection these responses had been investigated to ensure people's

preferences about how often they would like a bath were being met.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had a registered manager. The registered provider had made the required statutory notifications to the Care Quality Commission. Staff told us the registered manager was approachable.

Staff told us the home had a positive atmosphere. One staff member said some days the atmosphere was "happy go lucky". Another staff member said the atmosphere was "quite friendly, like a big family". They went on to say, "It is an enjoyable place to work."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had not ensured that staff had the supervision, appraisal and training they needed. 18 (2) (a).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have effective systems to assess, monitor and improve the quality and safety of the service provided to service users and to mitigate the risks relating to the health, welfare and safety of service users. Regulation 17 (2) (a) and 17 (2) (b).

The enforcement action we took:

We issued a warning notice